

# APPLICATION - Subsurface Sewage Disposal, Page 1



**Public Health**  
Prevent. Promote. Protect.

**Panhandle Health District**

Permit Fee: <u>8600</u>	Date: <u>11/30/15</u>
Application #: <u>15-28-130382</u>	EHS: <u>SE</u>
Receipt #: <u>32363</u>	(Official Use Only)

Benefitted Parcel # (Structure Location): 077500010050

Burdened Parcel # (Drainfield Location if different): \_\_\_\_\_

Property Address (if available): River View 8287 River View Ar Acres 1.338 City Post Falls

Legal Description: Section 07 Township 50N Range 04W County Kootenai

Subdivision: Summerset Ridge Lot 5 Block 1

Directions (nearest crossroad): Spokane to river view east, see map

Applicants Name: Advanced Wastewater Engineering, PC Email: georgeengr@yahoo.com

Mailing Address: 32463 Clagstone Rd Phone #: 208-683-3581

City: Athol State: id Zip Code: 83801

Applicant is: ☐ Landowner ☐ Contractor ☐ Installer ☒ Other engr

Owners Name: Heidi & Bruce Weyrauch Email: \_\_\_\_\_

Mailing Address: 7915 E. South River Way Phone #: 509-999-5539

City: Spokane Valley State: WA Zip Code: 99212

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only

Proposed Usage: ☒ Residential ☐ Non-Residential ☐ Other (i.e. barn shop, etc.) \_\_\_\_\_

☐ Central (more than two buildings under separate ownership) ☐ Large soil Absorption (2,500 gal/day or more) # of Units \_\_\_\_\_

Is there an existing structure on this parcel? ☒ No ☐ Yes Year Built: \_\_\_\_\_

Number of Bedrooms: (residential design only) 3 Number of Bathrooms 2

Number of People: \_\_\_\_\_ Square-Footage \_\_\_\_\_ Garbage Disposal? ☐ Yes ☐ No

Non-Residential Flow Design: \_\_\_\_\_ Average: (gallons per day (gpd)) \_\_\_\_\_ Peak: (gpd) \_\_\_\_\_

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ Inside City ☒ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☒ No ☐ N/A

Is city sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☐ Private well ☒ Shared Well (non-public) ☐ Public Water System, Number: \_\_\_\_\_

Signature: [Signature] Date: 1-29-15

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferrable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed, if the renewal is applied for on or before the expiration date.

JAN 30 2015

PHD 1 EH



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Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

### PLOT PLAN

SCALE: 1" = \_\_\_\_'



*See Attached*

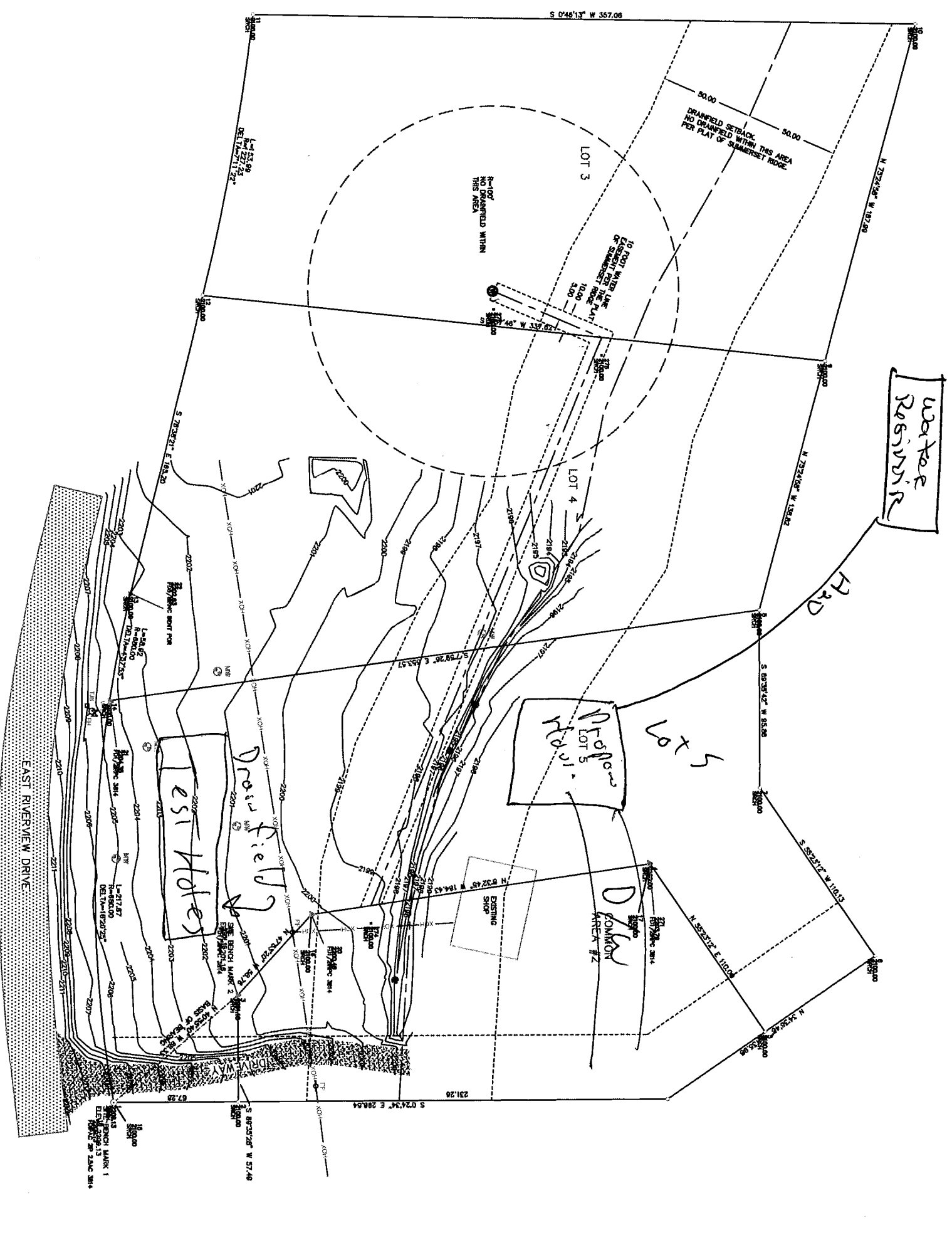
SIGNATURE: \_\_\_\_\_

DATE: 1-29-15

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation

(Official Use Only)

Plot Plan Approval Date: \_\_\_\_\_ EHS Name: \_\_\_\_\_ EHS #: \_\_\_\_\_



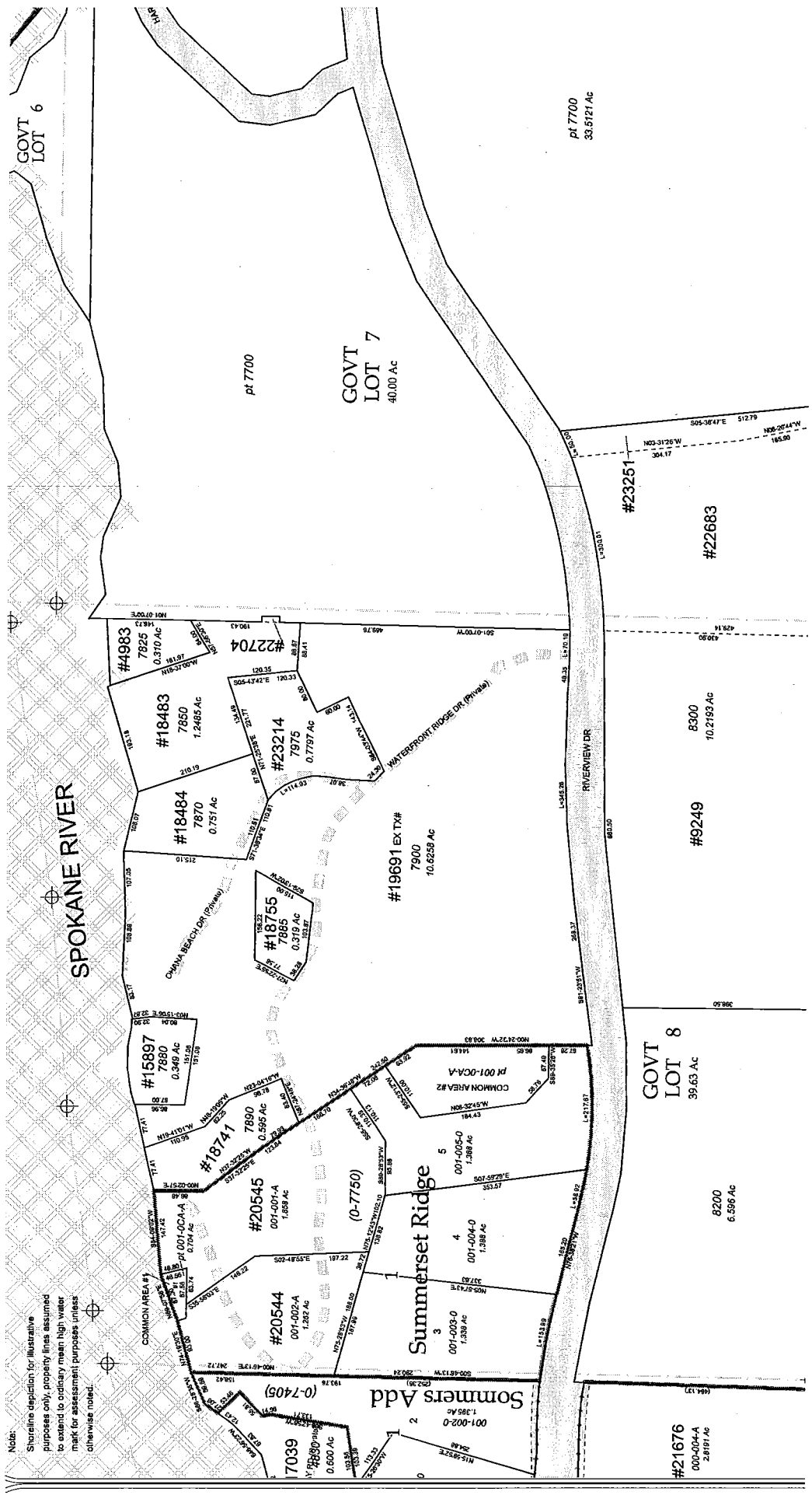
Water Reservoir

Lot 5

Drainfield Area #2

Test Holes

EAST RIVERVIEW DRIVE





## Panhandle Health District 1

8500 N. ATLAS- HAYDEN, ID 83835- (208) 415-5200

# SEPTIC PROGRAM RECEIPT

Owner:

HEIDI WEYRAUCH  
7915 E SOUTH RIVERWAY AVE  
SPOKANE, WA 99212

Applicant:

ADVANCED WASTE WATER ENGINEERING  
32463 N CLAGSTONE RD  
ATHOL, ID 83801

Permit Number: 15-28-130382

Parcel Number: 077500010050

Receipt Number: 32365

Check Number: 9645

Date	Service(s)	Charges	Payments
01/30/15	Septic Permit Application Fee	860.00	
			-860.00

Comment: Paid by HEIDI L WEYRAUCH